

Section 3 — AMOUNTS (Continued)

Part D — STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)	4500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM A13 Interview status of . . . 's spouse.	4502 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 2a</i>
1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)? <div style="text-align: right;">★</div>	4504 \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 2a</i> x3 <input type="checkbox"/> None — <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 10</i> 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)? <div style="text-align: right;">★</div>	4508 \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 3a</i> x3 <input type="checkbox"/> None — <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 11</i> 2 <input type="checkbox"/> No
3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item A15</i>
CHECK ITEM A14 Interview status of . . . 's spouse.	4514 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3c</i>
3b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?	4516 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?	4518 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
CHECK ITEM A15 Interview status of . . . 's spouse.	8032 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 5b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 5a</i>
4a. As of (read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . . 's (husband/wife)? (Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.) <div style="text-align: right;">★</div>	8034 \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 4c</i> x3 <input type="checkbox"/> None — <i>SKIP to 5a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> 8035 1 <input type="checkbox"/> Office Use Only
b. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8036 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 12</i> 2 <input type="checkbox"/> No

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110) – Continued

4c. Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?	8038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
d. As of (Read last day of reference period), what was the amount of the debt or margin account?	8040 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
5a. Besides any stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?	8042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS code or Statement A, page 50
b. As of (Read last day of reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name? (Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.) ★	8044 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 5d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50 8045 1 <input type="checkbox"/> Office Use Only
c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8046 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 13 2 <input type="checkbox"/> No
d. Was any debt or margin account held against . . . 's stocks or mutual funds as of (Read last day of reference period)?	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
e. As of (Read last day of reference period), what was the amount of the debt or margin account?	8050 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. } SKIP to next ISS Code or Statement A, page 50

NOTES

AMOUNTS – PARTS D&E

Section 3 — AMOUNTS (Continued)	
Part E — RENTAL INCOME (ISS Code 120)	
1. Earlier you told me that . . . owned some rental property.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> CHECK ITEM A16 Interview status of . . . 's spouse. </div> <div style="width: 55%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4600</div> <div style="margin-left: 10px;"> <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i> </div> </div> </div>	
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4602</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 2d</i> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4604</div> <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4606</div> <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">4608</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Lost money — <i>Enter amount of loss in box — SKIP to 2e</i> </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div style="margin-left: 10px;"><i>SKIP to 2e</i></div>
d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8052</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> <div style="margin-left: 10px; font-size: 2em;">}</div> <div style="margin-left: 10px;"><i>SKIP to 3a</i></div>
e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8054</div> <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Number of properties</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None — <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div>
f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i>	<div style="display: flex; flex-direction: column; gap: 2px;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8056</div> <input type="checkbox"/> Vacation home</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8058</div> <input type="checkbox"/> Other residential property</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8060</div> <input type="checkbox"/> Farm property</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8062</div> <input type="checkbox"/> Commercial property</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8064</div> <input type="checkbox"/> Equipment</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">8066</div> <input type="checkbox"/> Other — <i>Specify</i> _____</div> </div>
g. As of (Read last day of reference period), what was the total market value of the property(ies) ?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8068</div> <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div style="margin-left: 10px;"><i>SKIP to 2i</i></div>
<div style="text-align: center; font-size: 1.5em;">★</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8069</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Office Use Only </div>
h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8070</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 14</i> <input type="checkbox"/> No </div>
i. Was there a mortgage, deed of trust, or other debt on the property(ies)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8072</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> <div style="margin-left: 10px; font-size: 2em;">}</div> <div style="margin-left: 10px;"><i>SKIP to 3a</i></div>
j. As of (Read last day of reference period), how much principal was owed on the property(ies)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8074</div> <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK — <i>Probe</i> <input type="checkbox"/> Ref. </div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">8075</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Office Use Only </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4610</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3d</i> </div>

Section 3 — AMOUNTS (Continued)

Part E — RENTAL INCOME (ISS Code 120) (Continued)

3b. About how much was received in gross rent from this property during the 4-month period?

4612

\$

00

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

C. What is your best estimate of the amount that was cleared after expenses?

4614

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

4616

x4 ☐ Lost money — Enter amount of loss in box — SKIP to 3e

SKIP to 3e

d. As of (Read last day of reference period), did ... own any rental property in ...'s OWN name?

8076

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to 4a

e. How many properties did ... own in ...'s OWN name as of (Read last day of reference period)?

8078

Number of properties

x3 ☐ None — SKIP to 4a

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

f. What type of property(ies) (was it/were they)?

Mark (X) all that apply.

8080

1 ☐ Vacation home

8082

2 ☐ Other residential property

8084

3 ☐ Farm property

8086

4 ☐ Commercial property

8088

5 ☐ Equipment

8090

6 ☐ Other — Specify _____

g. As of (Read last day of reference period), what was the total market value of the property(ies)?

8092

\$

00

— SKIP to 3i

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

8093

1 ☐ Office Use Only

h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8094

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 15

2 ☐ No

i. Was there a mortgage, deed of trust, or other debt on the property(ies)?

8096

1 ☐ Yes

2 ☐ No

x1 ☐ DK

SKIP to 4a

j. As of (Read last day of reference period), how much principal was owed on the property(ies)?

8098

\$

00

x3 ☐ None

x1 ☐ DK — Probe

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

8099

1 ☐ Office Use Only

4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)

4618

1 ☐ Yes

2 ☐ No — SKIP to 4c

b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?

4620

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref. — SKIP to next ISS Code or Statement A, page 50

4622

x4 ☐ Lost money — Enter amount of loss in box — SKIP to 4d

SKIP to 4d

Section 3 — AMOUNTS (Continued)	
Part E — RENTAL INCOME (ISS Code 120) (Continued)	
4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)	8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK }
d. How many properties did . . . own jointly with others as of (Read last day of reference period)?	8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
e. What type of property(ies) (was it/were they)? Mark (X) all that apply.	8104 1 <input type="checkbox"/> Vacation home 8106 2 <input type="checkbox"/> Other residential property 8108 3 <input type="checkbox"/> Farm property 8110 4 <input type="checkbox"/> Commercial property 8112 5 <input type="checkbox"/> Equipment 8114 6 <input type="checkbox"/> Other — Specify)
f. As of (Read last day of reference period), what was the total market value of the property(ies)?	8116 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8117 1 <input type="checkbox"/> Office Use Only
g. Was there a mortgage, deed of trust, or other debt on the property(ies)?	8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4i x1 <input type="checkbox"/> DK }
h. As of (Read last day of reference period), how much principal was owed on the property(ies)?	8120 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8121 1 <input type="checkbox"/> Office Use Only
i. As of (Read last day of reference period), what was the total value of . . . 's SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.)	8122 \$ <input type="text"/> . <input type="text"/> <input type="text"/> — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8123 1 <input type="checkbox"/> Office Use Only
j. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8124 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 16 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50
NOTES	

Section 3 — AMOUNTS (Continued)

Part F — MORTGAGES, ROYALTIES, AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A17 Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 — Mortgages 2 <input type="checkbox"/> ISS Code 140 — Royalties 3 <input type="checkbox"/> ISS Code 150 — Other financial investments
CHECK ITEM A18 Is ISS Code 130 marked in Check Item A17?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3
CHECK ITEM A19 Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household — SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 2a
1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2b
b. During the past 4 months how much interest was paid to ... and ...'s (husband/wife) by the borrower?	4712	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
C. As of (Read last day of reference period), how much principal was owed to ... and ...'s (husband/wife) on this (these) mortgage(s)?	8126	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item A20 </div>
2a. (Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A20
b. (Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item A20 </div>
C. As of (Read last day of reference period), how much principal was owed to ... on this (these) mortgage(s)?	8128	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
CHECK ITEM A20 Is ISS Code 140 or 150 marked in Check Item A17?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 50
3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.	4720	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Statement A, page 50 </div>
CHECK ITEM A21 Is ISS Code 150 marked in Check Item A17?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 50
4. As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.) If investment is jointly owned, count only ...'s share of equity.	8132	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 5px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
		8133 1 <input type="checkbox"/> Office Use Only

SKIP to Statement A, page 50

Section 4 — TOPICAL MODULES

Part A — ASSETS AND LIABILITIES

Statement A

Read to respondent: **These next questions concern various assets and liabilities.**

1 a. As of (Read last day of reference period), did anyone outside of this household owe money to ... as the result of the sale of a business or property? (Exclude mortgages owed to ... which have already been reported.)

8200

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } **SKIP to 2a**

b. How much was owed to ...?

(If shared, count only ...'s share.)

8202

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

8203

- 1 ☐ Office Use Only

ASK OR VERIFY —

2 a. Did ... own any U.S. Savings Bonds as of (Read last day of reference period)?

8204

- 1 ☐ Yes
2 ☐ No — **SKIP to Check Item T1**

b. What was the FACE VALUE of the U.S. Savings Bonds that ... owned?

(If ownership was shared, count only ...'s share.)

8206

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T1

Interview status of ...'s spouse

8208

- 1 ☐ No spouse in household — **SKIP to 4a**
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted — **SKIP to 4a**

2 c. As of (Read last day of reference period), did ... own jointly with ...'s (husband/wife) any checking accounts which did NOT earn interest?

8209

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref. } **SKIP to 3a**

d. What is your best estimate of the amount of money ... and ...'s (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

3 a. As of (Read last day of reference period), did ... and ...'s (husband/wife) together owe any money for —

3 b. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8212

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8214

\$. 00

- x1 ☐ DK — **Probe**
x2 ☐ Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8216

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8218

\$. 00

- x1 ☐ DK — **Probe**
x2 ☐ Ref.

(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered)?

8220

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

8222

\$. 00

- x1 ☐ DK — **Probe**
x2 ☐ Ref.

NOTES

Section 4 — TOPICAL MODULES (Continued)

Part A — ASSETS AND LIABILITIES (Continued)

4a. (Besides any checking accounts owned jointly with . . . 's spouse,) as of (Read last day of reference period), did . . . own any (other) checking accounts which did NOT earn interest?

- 8232** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4c
x2 ☐ Ref.

b. What is your best estimate of the amount of money . . . had in those checking accounts as of (Read last day of reference period)?

- 8233** \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

c. Did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name?

- 8234** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item T2
x2 ☐ Ref.

d. As of (Read last day of reference period), did . . . owe any money (in . . . 's OWN name) for —

If "Yes" to 4d ask —
4e. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

- 8236** 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

- 8238** \$. 00
x1 ☐ DK — Probe
x2 ☐ Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

- 8240** 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

- 8242** \$. 00
x1 ☐ DK — Probe
x2 ☐ Ref.

(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered)?

- 8244** 1 ☐ Yes
2 ☐ No
x1 ☐ DK
x2 ☐ Ref.

- 8246** \$. 00
x1 ☐ DK — Probe
x2 ☐ Ref.

**CHECK
ITEM T2**

Refer to cc item 24.
Is . . . 21 years of age or older?

- 8258** 1 ☐ Yes
2 ☐ No — SKIP to Check Item T10, page 57

5a. Does . . . have any Individual Retirement Accounts — any IRAs — in . . . 's OWN name?

(Do not mark "Yes" if . . . is only included in spouse's IRA account.)

- 8260** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 6a
x2 ☐ Ref.

b. For how many years has . . . contributed to . . . 's IRA accounts?

- 8262** Years
x1 ☐ DK
x2 ☐ Ref. — SKIP to 6a

c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts?

- 8264** \$. 00 — SKIP to 5e
x1 ☐ DK
x2 ☐ Ref. — SKIP to 6a

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 8266** 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 17
2 ☐ No — SKIP to 6a

(SHOW FLASHCARD AA)

e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts?

Mark (X) all that apply.

Anything else?

- 8268** 1 ☐ Certificates of deposit or other saving certificates
8270 2 ☐ Money Market Funds
8272 3 ☐ U.S. Government Securities
8274 4 ☐ Municipal or Corporate Bonds
8276 5 ☐ U.S. Savings Bonds
8278 6 ☐ Stocks or Mutual Fund Shares
8280 7 ☐ Other assets — Specify
8282 x1 ☐ DK

TOPICAL MODULES

Section 4 — TOPICAL MODULES (Continued)

Part A — ASSETS AND LIABILITIES (Continued)

6a. Does . . . have a KEOGH account in . . . 's OWN name?	<div style="display: flex; justify-content: space-between;"> <div> 8284 </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div> <div style="text-align: right; margin-top: -20px;"> } <i>SKIP to 7a</i> </div>
b. For how many years has . . . contributed to . . . 's KEOGH account?	<div style="display: flex; justify-content: space-between;"> <div> 8286 </div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to 7a</i> </div> </div>
c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)?	<div style="display: flex; justify-content: space-between;"> <div> 8288 </div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">00</div> </div> — <i>SKIP to 6e</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to 7a</i> </div> </div>
d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> <div> 8290 </div> <div> 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 18</i> 2 <input type="checkbox"/> No — <i>SKIP to 7a</i> </div> </div>
<div style="margin-bottom: 5px;">(SHOW FLASHCARD AA)</div> e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's KEOGH account(s)? <i>Mark (X) all that apply.</i> Anything else?	<div style="display: flex; justify-content: space-between;"> <div> 8292 </div> <div> 1 <input type="checkbox"/> Certificates of deposit or other savings certificates </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8294 </div> <div>2 <input type="checkbox"/> Money Market Funds</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8296 </div> <div>3 <input type="checkbox"/> U.S. Government Securities</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8298 </div> <div>4 <input type="checkbox"/> Municipal or Corporate Bonds</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8300 </div> <div>5 <input type="checkbox"/> U.S. Savings Bonds</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8302 </div> <div>6 <input type="checkbox"/> Stocks or Mutual Fund Shares</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8304 </div> <div>7 <input type="checkbox"/> Other assets — <i>Specify</i> _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8306 </div> <div>x1 <input type="checkbox"/> DK</div> </div>
7a. Does . . . have any life insurance? (Include group policies provided by employers.)	<div style="display: flex; justify-content: space-between;"> <div> 8308 </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div> <div style="text-align: right; margin-top: -20px;"> } <i>SKIP to Statement B, page 53</i> </div>
b. What is the current FACE VALUE of ALL life insurance policies that . . . has?	<div style="display: flex; justify-content: space-between;"> <div> 8309 </div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">00</div> </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 8310 </div> <div>1 <input type="checkbox"/> Office Use Only</div> </div>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">CHECK ITEM T3</div> <div>Is "Worked" (code 170) marked on the ISS?</div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 8311 </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Statement B, page 53</i> </div> </div>
7c. Are any of . . . 's life insurance policies provided through . . . 's current employer(s)?	<div style="display: flex; justify-content: space-between;"> <div> 8312 </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Statement B, page 53</i> </div> </div>
d. What is the FACE VALUE of the life insurance policies provided through . . . 's employer(s)?	<div style="display: flex; justify-content: space-between;"> <div> 8313 </div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">00</div> </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
NOTES	

Section 4 — TOPICAL MODULES (Continued)

Part B — PENSION PLAN COVERAGE

Statement B

Read to respondent: **These next questions concern pension plan coverage.**

CHECK ITEM T4

Are any employers entered in question 2a on page 14 or question 10a on page 16?

- 8314** 1 ☐ Yes — Enter name(s) and job number(s) below
2 ☐ No — SKIP to Check Item T9, page 56

Employer 1	Employer 2
Employer name	Employer name
Job number	Job number
8316	8318

CHECK ITEM T5

Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?

- 8320** 1 ☐ Yes
2 ☐ No — SKIP to 1b

(For each employer ask the appropriate items 1a through item 3m on page 55, and then return for next employer.)

ASK OR VERIFY —

1a. Did . . . work for (Read employer's name) at any time during the time period of (Same reference months) in 1987?

- | Employer 1 | Employer 2 |
|--|--|
| 8322 1 <input type="checkbox"/> Yes — SKIP to Check Item T7, page 55
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK | 8324 1 <input type="checkbox"/> Yes — SKIP to Check Item T9, page 56
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK |

b. About how many persons are employed by (Read employer's name) at the location where . . . works — would you say (Read categories)?

- | | |
|--|--|
| 8330 1 <input type="checkbox"/> Under 25
2 <input type="checkbox"/> 25 to 99
3 <input type="checkbox"/> 100 to 499
4 <input type="checkbox"/> 500 to 999
5 <input type="checkbox"/> 1000 or more } SKIP to 2a
x1 <input type="checkbox"/> DK | 8332 1 <input type="checkbox"/> Under 25
2 <input type="checkbox"/> 25 to 99
3 <input type="checkbox"/> 100 to 499
4 <input type="checkbox"/> 500 to 999
5 <input type="checkbox"/> 1000 or more } SKIP to 2a
x1 <input type="checkbox"/> DK |
|--|--|

c. Does (Read employer's name) operate in more than one location?

- | | |
|--|--|
| 8334 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No } SKIP to 2a
x1 <input type="checkbox"/> DK | 8336 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No } SKIP to 2a
x1 <input type="checkbox"/> DK |
|--|--|

d. About how many persons are employed by (Read employer's name) at all locations — would you say (Read categories)?

- | | |
|---|---|
| 8338 1 <input type="checkbox"/> Under 25
2 <input type="checkbox"/> 25 to 99
3 <input type="checkbox"/> 100 to 499
4 <input type="checkbox"/> 500 to 999
5 <input type="checkbox"/> 1000 or more
x1 <input type="checkbox"/> DK | 8340 1 <input type="checkbox"/> Under 25
2 <input type="checkbox"/> 25 to 99
3 <input type="checkbox"/> 100 to 499
4 <input type="checkbox"/> 500 to 999
5 <input type="checkbox"/> 1000 or more
x1 <input type="checkbox"/> DK |
|---|---|

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
2a. Does ...'s employer or union have a retirement plan for any of its employees? <i>(Exclude Social Security and Railroad Retirement.)</i>	8342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T6</i>	8344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9, page 56</i>
b. Is ... included in such a plan?	8346 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T6</i>	8348 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T9, page 56</i>
c. Why isn't ... included in such a plan? <i>Mark (X) all that apply.</i>	8350 1 <input type="checkbox"/> Chose not to belong 8354 2 <input type="checkbox"/> No one in ...'s type of job can belong 8358 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year 8362 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date 8366 5 <input type="checkbox"/> ... is too young 8370 6 <input type="checkbox"/> ... has not worked for this employer long enough 8374 7 <input type="checkbox"/> Other – <i>Specify</i> ↓ 8378 x1 <input type="checkbox"/> DK	8352 1 <input type="checkbox"/> Chose not to belong 8356 2 <input type="checkbox"/> No one in ...'s type of job can belong 8360 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year 8364 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date 8368 5 <input type="checkbox"/> ... is too young 8372 6 <input type="checkbox"/> ... has not worked for this employer long enough 8376 7 <input type="checkbox"/> Other – <i>Specify</i> ↓ 8380 x1 <input type="checkbox"/> DK
CHECK ITEM T6 Is another employer listed in Check Item T4, page 53?	8382 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T8, page 56</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T9, page 56</i>	<i>SKIP to Check Item T9, page 56</i>
3a. Is ... included in more than one retirement or pension plan on this job?	8384 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8386 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b. Is ...'s (basic) retirement plan a profit sharing plan?	8388 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8390 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
c. Are the retirement benefits of ...'s (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan? <i>Mark (X) only one.</i>	8392 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK	8394 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan x1 <input type="checkbox"/> DK
d. Does (Read employer's name) make payments towards ...'s (basic) plan?	8396 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8398 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
3e. Does . . . make payments toward . . . 's (basic) plan? (Include payments deducted from . . . 's pay.)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3g x1 <input type="checkbox"/> DK	8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3g x1 <input type="checkbox"/> DK
f. How much does . . . contribute toward . . . 's (basic) plan?	8404 \$ <input type="text"/> . <input type="text"/> 00 8408 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8412 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8406 \$ <input type="text"/> . <input type="text"/> 00 8410 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8414 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8418 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
g. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . . 's retirement benefits.) <i>(If respondent reports years and months, round to full years)</i>	8420 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	8422 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK
h. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?	8424 1 <input type="checkbox"/> Yes – SKIP to 3j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – SKIP to 3j	8426 1 <input type="checkbox"/> Yes – SKIP to 3j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – SKIP to 3j
i. Is that because . . . has not been included in the plan enough years?	8428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
j. Under this plan, could . . . 's retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . . 's contributions to the plan.)	8432 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8436 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Does (Read employer's name) offer a 401K or thrift plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire or withdraw the money.	8438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T7 x1 <input type="checkbox"/> DK	8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T9 x1 <input type="checkbox"/> DK
l. Does . . . participate in this plan?	8442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T7 x1 <input type="checkbox"/> DK	8444 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T9 x1 <input type="checkbox"/> DK
m. As of (Read last day of reference period), what was the total amount . . . had in this plan?	8443 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8445 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T7 Is another employer listed in Check Item T4, page 53?	8446 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9	SKIP to Check Item T9

Section 4 – TOPICAL MODULES (Continued)			
Part B – PENSION PLAN COVERAGE (Continued)			
CHECK ITEM T8	Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?	8447 1 <input type="checkbox"/> Yes – Ask item 1a, page 53 for Employer 2 2 <input type="checkbox"/> No – Ask item 1b, page 53 for Employer 2	
CHECK ITEM T9	Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12 a on page 21?)	8448 1 <input type="checkbox"/> Yes – Enter names and business I.D. numbers below 2 <input type="checkbox"/> No – SKIP to Check Item T10	
Ask item 4 for each business owned.		Name of first business	Name of second business
		Business I.D. Number	Business I.D. Number
4. Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?		8450 <input type="text"/>	8452 <input type="text"/>
		8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		NOTES	

Section 4 — TOPICAL MODULES (Continued)

Part C — REAL ESTATE PROPERTY AND VEHICLES

CHECK ITEM T10

Is this the reference
person's
questionnaire?

8526

1 ☐ Yes

2 ☐ No — SKIP to Check Item P1, page 61

Statement C

Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T11

Refer to cc item 14.
Is this housing unit a
mobile home?

8528

1 ☐ Yes — SKIP to Check Item T15

2 ☐ No

CHECK ITEM T12

Refer to cc item 15.
Tenure

8530

1 ☐ Owned or being bought

2 ☐ Rented for cash

3 ☐ Occupied without cash payment } SKIP to Check Item T16

1a. Which persons in this household are the owners of this home?

ASK OR VERIFY —

Person No.

Name

8532

8534

8536

b. In what month and year was this home purchased?

Month

Year

8538

8539

x1 ☐ DK

x1 ☐ DK

c. Is there a mortgage, home equity loan, or other debt on this home?

8540

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref.

} SKIP to 2

d. Altogether how many mortgages, home equity loans, or other debts are there on this home?

8542

Number

x1 ☐ DK

(Ask questions 1e—1k for first
mortgage and then return to 1e
again for any second mortgage or
other loan.)

First mortgage

Second mortgage or other loan

e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

8564

\$.

x1 ☐ DK

x2 ☐ Ref.

8565

1 ☐ Office Use Only

8566

\$.

x1 ☐ DK

x2 ☐ Ref.

8567

1 ☐ Office Use Only

f. In what year was this mortgage (loan) obtained?

(If mortgage was assumed,
give the original date of the
mortgage.)

8568

Year — If 1986,
1987, or 1988,
ask month

x1 ☐ DK

8569

Month

x1 ☐ DK

8570

Year — If 1986,
1987, or 1988,
ask month

x1 ☐ DK

8571

Month

x1 ☐ DK

g. What was the amount of the mortgage (loan) when it was obtained or last refinanced?

(If mortgage was assumed,
give the original amount of the
mortgage.)

8572

\$.

x1 ☐ DK

x2 ☐ Ref. — SKIP to 2

8573

1 ☐ Office Use Only

8574

\$.

x1 ☐ DK

x2 ☐ Ref. — SKIP to 2

8575

1 ☐ Office Use Only

h. What is the total number of years over which payments are to be made?

8576

Years

x8 ☐ Not fixed

x1 ☐ DK

8578

Years

x8 ☐ Not fixed

x1 ☐ DK

i. What is the current annual interest rate on this mortgage (loan)?

8580

. Percent

x1 ☐ DK

x2 ☐ Ref.

8582

. Percent

x1 ☐ DK

x2 ☐ Ref.

j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?

8584

1 ☐ Yes

2 ☐ No

x1 ☐ DK

8586

1 ☐ Yes

2 ☐ No

x1 ☐ DK

Section 4 – TOPICAL MODULES (Continued)			
Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)			
1k. Was this mortgage obtained through an FHA or VA mortgage program?		8587 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8589 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T13	Refer to item 1d, page 57. Is there another loan or mortgage?	8592 1 <input type="checkbox"/> Yes – Ask item 1e, page 57 for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T14
CHECK ITEM T14	Refer to item 1d, page 57. Are there 3 or more mortgages or loans on this home?	8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	
1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?		8596 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8597 1 <input type="checkbox"/> Office Use Only	
2. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?		8598 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 5a 8599 1 <input type="checkbox"/> Office Use Only	
CHECK ITEM T15	Refer to cc item 15. Tenure of mobile home	8608 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash 3 <input type="checkbox"/> Occupied without cash rent } SKIP to Check Item T16	
3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?		8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 4	
b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?		8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home	
c. How much principal is currently owed on this (these) mortgage(s)?		8624 \$. 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?		8630 \$. 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. } SKIP to 5a	
CHECK ITEM T16	Refer to cc items 16a and 16b – Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?	8658 1 <input type="checkbox"/> In a public housing project } SKIP to 6a 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Neither public nor subsidized	
5a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.		8660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 6a	
b. Which persons in this household are the owners of this (these) property(ies)?		8662 Person No. Name 8664 Person No. Name	

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

5c. What is the total value of
(Read persons' names)
equity in this (these)
property(ies)? (By equity
we mean the amount that
could be obtained by
selling the property and
paying off any debts.)
Count only share owned
by household members.

8666 \$. 00

x1 ☐ DK – Probe
x2 ☐ Ref.

8667 1 ☐ Office Use Only

6a. Does anyone in this
household own a car,
van, or truck, excluding
recreational vehicles
(RV's) and motorcycles?

8714 1 ☐ Yes
2 ☐ No – SKIP to 7a

b. How many cars, trucks,
or vans are owned by
members of this
household?

8716 Number of motor vehicles

(Ask items 6c–6f for
vehicle 1 and then return
to 6c for additional
vehicles.)

c. Who is (are) the
owner(s) of the
(newest, next newest)
motor vehicle?

Vehicle 1	Vehicle 2	Vehicle 3
Person No. 8718 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8720 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8722 <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Name _____	Name _____
Person No. 8724 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8726 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8728 <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Name _____	Name _____

d. What is the year,
make, and model of
this vehicle?

8730 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	8732 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	8734 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>
x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK
Make _____	Make _____	Make _____
8736 x1 <input type="checkbox"/> DK	8738 x1 <input type="checkbox"/> DK	8740 x1 <input type="checkbox"/> DK
Model _____	Model _____	Model _____
8742 x1 <input type="checkbox"/> DK	8744 x1 <input type="checkbox"/> DK	8746 x1 <input type="checkbox"/> DK
OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

e. Is this vehicle owned
free and clear, or is
there still money
owed on it?

8754 1 <input type="checkbox"/> Money owed	8756 1 <input type="checkbox"/> Money owed	8758 1 <input type="checkbox"/> Money owed
2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17	2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17	2 <input type="checkbox"/> Free and clear } SKIP to 7a
x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK

f. How much is
currently owed for
this vehicle?

8760 \$ <input type="text"/> . <input type="text"/> 00	8762 \$ <input type="text"/> . <input type="text"/> 00	8764 \$ <input type="text"/> . <input type="text"/> 00
x1 <input type="checkbox"/> DK – Probe	x1 <input type="checkbox"/> DK – Probe	x1 <input type="checkbox"/> DK – Probe
x2 <input type="checkbox"/> Ref.	x2 <input type="checkbox"/> Ref.	x2 <input type="checkbox"/> Ref.

CHECK
ITEM T17

Is there another
vehicle which
has not been
asked about?

8766 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle	8768 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle
2 <input type="checkbox"/> No – Go to 7a	2 <input type="checkbox"/> No – Go to 7a

Go to 7a

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

7a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?

- 8770** 1 ☐ Motorcycle
8772 2 ☐ Boat
8774 3 ☐ Recreational vehicle (RV)
8776 4 ☐ Other – Specify _____
8778 5 ☐ No – SKIP to Check Item P1, page 61

Mark (X) all that apply.

Ask items 7b–7e for each vehicle –

b. Who is (are) the owner(s) of the (Read first/second category marked in 7a)?

Vehicle 1		Vehicle 2	
Person No.	Name	Person No.	Name
8780 [] [] []		8782 [] [] []	
Person No.	Name	Person No.	Name
8784 [] [] []		8786 [] [] []	

c. If this vehicle were sold, what would it sell for in its present condition?

8788 \$ [] [] [] . 00	8790 \$ [] [] [] . 00
x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item T18	x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item P1, page 61

d. Is this vehicle owned free and clear, or is there still money owed on it?

8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK	} SKIP to Check Item T18	8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear x1 <input type="checkbox"/> DK	} SKIP to Check Item P1, page 61

e. How much is currently owed for this vehicle?

8796 \$ [] [] [] . 00	8798 \$ [] [] [] . 00
x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.

CHECK ITEM T18

Are there any other vehicles which have not been asked about?

- 8800** 1 ☐ Yes – Ask 7b for next vehicle
 2 ☐ No – Go to Check Item P1, page 61

Go to Check Item P1, page 61

NOTES